

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE  
FINANCING STATEMENT FORM**

FLORIDA SECURED TRANSACTION REGISTRY

**FILED**

2013 Jun 03 08:00 AM

\*\*\*\*\* 201309146975 \*\*\*\*\*

<b>A. NAME &amp; DAYTIME PHONE NUMBER OF CONTACT PERSON</b> Claria D. Horn	
<b>B. SEND ACKNOWLEDGEMENT TO:</b> Name Claria D. Horn Address Frost Brown Todd LLC Address 250 West Main Street, 28th Floor City/State/Zip Lexington, KY 40507	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (1a OR 1b) – Do Not Abbreviate or Combine Names**

<b>1.a ORGANIZATION'S NAME</b> CCU Management Company LLC									
<b>1.b INDIVIDUAL'S LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>SUFFIX</b>			
<b>1.c MAILING ADDRESS Line One</b> c/o Cincinnati Christian University Foundation		This space not available.							
<b>MAILING ADDRESS Line Two</b> 2700 Glenway Avenue		<b>CITY</b> Cincinnati		<b>STATE</b> OH		<b>POSTAL CODE</b> 45204		<b>COUNTRY</b> USA	
<b>1.d TAX ID#</b> -		<b>REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR</b>		<b>1.e TYPE OF ORGANIZATION</b> LLC		<b>1.f JURISDICTION OF ORGANIZATION</b> Florida		<b>1.g ORGANIZATIONAL ID#</b> L11000137943 <input type="checkbox"/> NONE	

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (2a OR 2b) – Do Not Abbreviate or Combine Names**

<b>2.a ORGANIZATION'S NAME</b>									
<b>2.b INDIVIDUAL'S LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>SUFFIX</b>			
<b>2.c MAILING ADDRESS Line One</b>		This space not available.							
<b>MAILING ADDRESS Line Two</b>		<b>CITY</b>		<b>STATE</b>		<b>POSTAL CODE</b>		<b>COUNTRY</b>	
<b>2.d TAX ID#</b>		<b>REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR</b>		<b>2.e TYPE OF ORGANIZATION</b>		<b>2.f JURISDICTION OF ORGANIZATION</b>		<b>2.g ORGANIZATIONAL ID#</b> <input type="checkbox"/> NONE	

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) – INSERT ONLY ONE SECURED PARTY (3a OR 3b)**

<b>3.a ORGANIZATION'S NAME</b> Central Bank & Trust Co.									
<b>3.b INDIVIDUAL'S LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>SUFFIX</b>			
<b>3.c MAILING ADDRESS Line One</b> 300 West Vine Street		This space not available.							
<b>MAILING ADDRESS Line Two</b>		<b>CITY</b> Lexington		<b>STATE</b> KY		<b>POSTAL CODE</b> 40507		<b>COUNTRY</b> USA	

**4. This FINANCING STATEMENT covers the following collateral:**

All assets of the Debtor, whether now owned or hereafter acquired, and all products and proceeds thereof.

**5. ALTERNATE DESIGNATION (if applicable)** ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR  
☐ AG. LIEN ☐ NON-UCC FILING ☐ SELLER/BUYER

**6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX**

- ☐ All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.  
☒ Florida Documentary Stamp Tax is not required.

**7. OPTIONAL FILER REFERENCE DATA FLORIDA SECRETARY OF STATE**